Reviewer's report

Title: A feasibility study of expert patient and community mental health team led bipolar psychoeducation groups: embedding research into practice.

Version: 1 Date: 19 June 2013

Reviewer: Amy N Cohen

Reviewer's report:

Major Compulsory Revisions:

1. STUDY TOPIC: The title, abstract, and introduction all refer to “embedding research in practice”, but this is not the type of term that is used in implementation research. This paper is about implementing an evidence-based practice (bipolar psychoeducation groups) in usual care settings and assessing its feasibility. When I read “embed research into practice” I think that a research team will collect data from ongoing naturalistic usual care practices. This is an implementation study and needs to be stated up front.

2. LITERATURE REVIEW: There is a wealth of implementation science literature. In fact, there is a whole journal (Implementation Science) which is open source and dedicated to this work. None of the implementation science body of work is referred to in this paper nor is an implementation model used to help understand the efforts used here to get this evidence-based practice implemented. This (literature and conceptual model) needs to be addressed. See for example: Brown, A.H., Cohen, A.N., Chinman, M.J., Kessler, C., Young, A.S. (2008) EQUIP: Implementing Chronic Care Principles and Applying Formative Evaluation Methods to Improve Care for Schizophrenia. Implementation Science, 3(9). http://www.implementationscience.com/content/3/1/9

3. Data Collection and Analysis. First paragraph. Need to use implementation science terms for the method of data collection. (for example, data were used throughout implementation to inform and improve implementation).

4. LITERATURE REVIEW: There is also a considerable growing evidence-base for the use of consumer providers (or “peers”), which I believe is what is meant by “expert patient facilitators” in this paper. None of the evidence supporting consumer providers is referred to in this paper. This needs to be included. For example, see reference section of: Chinman M, Lucksted A, Gresen R, et al. Early experiences of employing consumer-providers in the VA. Psychiatr Serv. Nov 2008;59(11):1315-1321. Also there are considerable articles written by Larry Davidson from Yale University. There are also numerous papers discussing the challenges of training and integrating consumer providers on teams. These data on the challenges of training in the first section of the results in this paper is not unique nor new information for the field.

5. PARTICIPANTS: In the Participant section you list patients only (please include n) but you get data from clinicians (right??). Need to include who was
included in your data collection---including clinicians---for example, who was in
the focus group; how many people; what were their roles; how many people were
at the training; who were they; did they all respond to the training survey? Need
to revise this section to include who was interviewed and their role and how
many people that is.

6. Data Collection and analysis: WHEN was data collected and from whom
(pre-implementation, mid-first implementation of group, etc)? HOW was the
qualitative data analyzed? Was qualitative software used, like Atlas.ti?

7. Results: Group acceptability. 3rd paragraph discusses Table 2. It is stated
“there were few differences between the groups…” but there are no statistics to
show that.

8. Where did the data for Tables 4 and 5 come from? The text for results is
devoid of data from clinicians and administrators on the feasibility of this group.

9. Discussion: Sustainability needs to be addressed or at least commented on.

10. Discussion: The conclusions are overstated. The number of individuals
enrolled is extremely low and that makes one question whether implementation
was successful. How many people were approached who did not enroll in the
groups?

Minor Essential Revisions:
1. Throughout the text there are words missing, run-on sentences, typos, and
some sentences that are misstatements. This is discouraging. The authors would
benefit from another reader’s careful editing. Here are just some examples:
   - Abstract: First sentence. Remove “a” before “clinically”, add “a” before “rarely”
     and “function” should be “functioning”.
   - Introduction; first paragraph: “per cent” is one word, not two.
   - Introduction; third paragraph, first sentence: “Psychoeducation is widely
     recommended and has randomized controlled trial evidence for the reduction of
time to manic and depressive relapse in the short term.” The literature says the
EXACT opposite: reduction should be replaced with increase.
   - Method: Groups: Second sentence of the paragraph that starts “The groups were
structured….,” is a long sentence; needs to be rewritten. (also the word “giving” in
this sentence needs to be changed to “given”).
   - Method: Group acceptability: First sentence that is bolded: “giving” needs to say
“given”

2. Abstract: The use of the word “drivers” should be replaced with facilitators,
which is the word used most often in the implementation literature.

3. Introduction: Last Paragraph: Starts with “This paper….”. This sentence only
mentions identifying barriers. The abstract mentions also identifying “drivers” and
the tables discuss drivers. Need to fix this last paragraph of intro that introduces
the whole paper.

4. Methods: Facilitator Training and Support section: Third paragraph is written in
future tense; needs to be past tense.
5. Sometimes you call the patient facilitators “patient experts” and sometimes “facilitators” and sometimes “patient expert facilitators”. Need to be consistent.

6. All the initials throughout are cumbersome and difficult to follow. I would change the initials to the person’s role (e.g., nurse group leader, training lead).

7. First paragraph in Results and then in the Group Acceptability section the idea that people were unaware of their diagnosis until they participated is discussed. Is this true of both the patient experts who were trained AND the patients attending the psychoeducational group? The way it is written currently, it seems the same quote is used for both.

Discretionary Revisions:

1. Strategies used to address organizational barriers: Last 2 sentences of that section refer to “the trust”. I do not know what that is; I suspect non-UK readers will also not know.

2. The Facilitator Training and Support section in methods should immediately follow the Groups section as they are both part of the intervention.

3. Results: several times you refer to “post” or “returning to post” or “back at post” or “Fundamentally DR was in post before group started”. I do not know what post is; I suspect non-UK readers will also not know.

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests